

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/693233

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			2			51						
2		1					52						
3		1					53						
4		2					54						
5							55						
6							56						
7							57						
8	1						58						
9		1					59						
10		1					60						
11		2					61						
12							62						
13							63						
14							64						
15	1						65						
16		1					66						
17		2					67						
18							68						
19							69						
20							70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25							75						
26							76						
27							77						
28	1						78						
29		1					79						
30							80						
31		3					81						
32		3					82						
33		3					83						
34		2					84						
35		2					85						
36		1					86						
37							87						
38							88						
39							89						
40		10					90						
41		10					91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46							96						
47							97						
48	1						98						
49		1					99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	55						TOTAL DEP.						
TOTAL CLAIMS	62						TOTAL CLAIMS						